

MAINE SECURITY BREACH REPORTING FORM

Pursuant to the Notice of Risk to Personal Data Act

(Maine Revised Statutes 10 M.R.S.A. §§ 1346-1350-B)

Name and address of Entity that owns or maintains the computerized data that was subject to the breach:

Pasternack Tilker Ziegler Walsh Stanton & Romano, LLP

Street Address: 233 Broadway

City: New York

State: NY

Zip Code: 10279

Submitted by: Joseph V. DeMarco Title: Partner Dated: June 6, 2016

Firm Name (if other than entity): DeVore & DeMarco, LLP

Telephone: (212) 922-9499

Email: jvd@devoredemarco.com

Relationship to Entity whose information was compromised: Attorneys

Type of Organization (please select one): ☐ Governmental Entity in Maine; ☐ Other Governmental Entity;

☐ Educational; ☐ Health Care; ☐ Financial Services; * ☒ Other Commercial; ☐ Not-for-Profit

Number of Persons Affected:

Total (including Maine residents): 1680 Maine Residents: 3

If the number of Maine residents exceeds 1,000, have the consumer reporting agencies been notified? ☐ Yes; ☐ No.

Dates: Breach Occurred: Unknown Breach Discovered: July 9, 2014 Consumer Notification: June 3, 2016

Description of Breach (please select all that apply):

☐ Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);

☐ Internal system breach; ☒ Insider wrongdoing; ☐ External system breach (e.g., hacking); ☐ Inadvertent disclosure;

☐ Other (specify): _____

Information Acquired: Name or other personal identifier in combination with (please select all that apply):

☒ Social Security Number

☐ Driver's license number or non-driver identification card number

☐ Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

Manner of Notification to Affected Persons – ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED MAINE RESIDENTS:

☒ Written; ☐ Electronic; ☐ Telephone; ☐ Substitute notice.

List dates of any previous (within 12 months) breach notifications: _____

Identify Theft Protection Service Offered: ☒ Yes ☐ No

Duration: One Year Provider: Experian

Brief Description of Service: Experian ProtectMyID Elite

*If reporting to Department of Professional and Financial Regulation, this form is not required. 10 M.R.S.A. § 1348(5)